Form 309 6/2005

STATE OF UTAH – LABOR COMMISSION
Division of Adjudication
160 East 300 South – 3rd Floor
P. O. Box 146615
Salt Lake City, Utah 84114-6615
Phone: (801) 530-6800 Fax: (801) 530-6333

MEDICAL TREATMENT PROVIDER LIST

Claimant Name _____ Social Security Number _____
Address _____ Date of Injury _____
_____ Employer _____
Telephone Number _____

"Notification to the Workers' Compensation Claimant"

Per Labor Commission Rule R612-2-22, an injured worker who files a claim for workers' compensation benefits is required, if requested, to provide the name and address of medical providers who have provided any medical treatment for up to the past 10 years (15 years if Permanent Total claim or in Adjudication). This is your notice that any and all of the medical records within the custody of the medical provider that you have listed may be requested by the party named on this form, as authorized by Rule R612-2-22. The medical provider is required to release the medical records per the rule, in order for the insurance carrier, self-insured employer, or the Labor Commission to make a determination in your case. *You are required to sign the "Authorization to Release Medical Records" Form 308 (A).

Please list all the medical providers for industrial injury first.

Please list any other medical providers who have treated you for <u>any</u> medical problems within the past _____ years (up to 15 years).

_____ _____
_____ _____
_____Zip_____ _____Zip_____
Telephone Number _____ Telephone Number _____

_____ _____
_____ _____
_____Zip_____ _____Zip_____
Telephone Number _____ Telephone Number _____

_____ _____
_____ _____
_____Zip_____ _____Zip_____
Telephone Number _____ Telephone Number _____

_____ _____
_____ _____
_____Zip_____ _____Zip_____
Telephone Number _____ Telephone Number _____

Please attach additional pages, if necessary.

Name of Party Requesting the Medical Records _____
Address _____
Telephone Number_____
Relationship to the Claim _____

Failure to return this form to the requester may result in a delay or denial of your claim.